

SAN DIEGO SUPERIOR COURT SUPPLEMENTAL APPLICATION FORM

COURT REPORTER Examination No. 06-023

LAST NAME:	
FIRST NAME:	
SOCIAL SECURITY NUMBER:	

Your written responses will be: (1) used to determine your eligibility to compete, (2) evaluated in the examination process, and (3) reviewed in the selection process.

Incomplete or illegible forms may be the basis for disqualification, so please provide complete and legible information. Those sections, which are not applicable to your particular qualifications, should be marked "N/A" to indicate that they have not been overlooked. On each additional sheet that you attach to your supplemental application form, be sure to print or type your name, social security number, and examination title and number, numbering each page accordingly.

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SECTION I

 Please list the state licenses you currently hold on the spaces provided below. Pleas not use abbreviations and be sure to include your license number.
 Please list any certificates you currently hold which were issued by the National Court Reporter Association (NCRA) in the spaces provided below. Do not use abbreviations.
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SECTION II

In the matrix below, please describe what, if any, experience you may have working as a reporter in a court environment.

Name of Court	Dates of Employment	Status of Employment (i.e., official, per diem)	Types of Court Proceedings Covered (Be specific, i.e., juvenile, civil, prelims, arraignments, family)
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SECTION III

In the matrix below, please describe what, if any, freelance reporting experience you may have.

Name of Employer or Agency	Dates Employed	Average # of Assignments Per Week	Types of Hearings Covered (i.e., dispositions, Workers' Comp hearings, etc.)	Did you specialize in a particular type(s) of hearing(s)? If so, please identify type(s)
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San Diego Superior Court Supplemental Application Form

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SECTION IV

What experience do you have in the areas listed below? Please attach additional sheets if you need more space and make sure to include your identifying information on each additional sheet.

Medical:		
DNA:		
Scientific:		
Death Penalty:		
Expedited Copy:		
Construction Defect:		
Personal Injury:		
I certify that all of the information provided on this supple understand that falsified information may form the basis	emental application form is true and accurate. for my disqualification or dismissal.	. I
APPLICANT'S SIGNATURE	DATE	